



Tennessee Department of Safety - Highway Patrol



The Tennessee Department of Safety appreciates your interest in the position of Trooper with the Highway Patrol, which offers a rewarding career to qualified individuals seeking employment in public service.

QUALIFICATIONS AND REQUIREMENTS

BEGINNING SALARY:	\$2,638 per month. Salary is set in accordance with Tennessee Code Annotated §§ 4-7-201
AGE:	Minimum of 21 on the date of the written examination.
DRIVER LICENSE:	Must possess a valid Tennessee Driver License upon appointment.
EYESIGHT REQUIREMENTS:	Minimum visual acuity of 20/100 in each eye separately without glasses and each eye corrected to 20/30 or better.
EDUCATION:	High School diploma or GED equivalence.
CRIMINAL HISTORY/BACKGROUND:	No felony convictions or a conviction of any misdemeanor considered to be of moral turpitude.
ADDITIONAL REQUIREMENTS:	Must pass an entrance challenge/agility test, a medical and psychological examination, as well as a drug test. Must pass a background, to include a credit report conducted by the Tennessee Bureau of Investigation and a polygraph.
TRAINING:	Applicants will be required to attend a 18-week cadet-training program located at the Tennessee Department of Safety Training Center in Nashville. Applicants are required to stay on campus and allowed leave as dictated by the training schedule.
DUTY ASSIGNMENT:	Upon graduation, Cadets will be assigned to a county within the Highway Patrol District of their legal residence.

Cadet classes are held according to the availability of positions. An applicant who falsifies any records or withholds any pertinent information will be rejected for employment or dismissed if employed.

BENEFITS

Group Hospitalization insurance plan for employees and dependants
Life insurance
Dental insurance
Excellent retirement plan
Longevity pay
Vehicle, equipment & uniforms furnished
Specialized training for qualified employees
Eleven paid holidays annually
Sick and annual leave accrual
Credit Union

***THE TENNESSEE DEPARTMENT OF SAFETY IS AN EQUAL
OPPORTUNITY AND EQUAL ACCESS EMPLOYER.***



STATE OF TENNESSEE
DEPARTMENT OF SAFETY

IF you are selected, we MAY contact you by one of the ways listed below. Therefore, it is imperative that you provide the following information (printed legibly) to ensure we are able to contact you.

Your LEGAL name is:

First Name	MI	Last Name	Suffix:
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Name you are called:

Home Phone
(Include area code)

()

Work Phone
(Include area code)

()

May we contact you at work? ☐ Yes ☐ No

Cell Phone
(Include area code)

()

Other Phone:
(Include area code)

()

Fax:
(Include area code)

()

To the attention of Whom?

Email address:

ATTENTION DISTRICT ORGANIZER

Please send this document back to headquarters with the interview protocols



STATE OF TENNESSEE

INFORMATION AND INSTRUCTIONS FOR THE TENNESSEE CAREER SERVICE EMPLOYMENT PROCESS

HOW TO OBTAIN JOB INFORMATION

Our state government is the largest employer in Tennessee with over 37,000 Career Service employees working in over 1,400 different job classifications. You may obtain information about the Career Service job classifications for which the Department of Personnel is currently accepting applications by visiting the Tennessee Department of Personnel's Career Service website at: <http://www.ja.state.tn.us/personnel/JobSearch/index.jsp>. At this site, you'll find Job Information, including a Job Search tool that will allow you to perform a customized search based on your college major, minimum salary requirements, and other search criteria. The job information provided includes job descriptions (with minimum qualifications), salary information, examination information, and number of positions/vacancies by county or by department. You should use the Job Information to identify jobs of interest to you, making sure to compare your education and experience qualifications with the requirements indicated in the job description before deciding to apply for the job.

For some jobs, you may only apply during "announced" opening and closing dates. When one of these job classifications is currently open, the opening and closing dates will be posted at the following web address: <http://www.state.tn.us/personnel/employment/Exam%20Announcement.pdf>.

HOW TO BEGIN THE APPLICATION PROCESS

The first step in the Career Service employment application process is completion of the State of Tennessee Employment Application. We strongly encourage you to apply online so that your application may be processed as efficiently as possible. This is especially important when applying for an "announced" job classification which has specific opening and closing dates during which applications will be accepted. The online application is available at: www.tennesseecanvtime.org/tjobs. If you do not have access to the Internet, you may obtain state job classification information and/or complete an online application by visiting the Department of Personnel in Nashville or by visiting one of the many Department of Labor and Workforce Development Career Centers located throughout the state. You may also obtain and/or complete a hard copy form at the aforementioned locations.

If you are submitting a hard copy State of Tennessee Employment Application form, it must be completed **using black ink** so that it can be legibly reproduced. Please make sure you provide all required information. **If you omit information, it may be necessary for the Department of Personnel to return your application to you. Unsigned hard copy applications will not be accepted.**

Do not submit originals of personal documents, as they will not be returned. Legible photocopies of the application and attachments are acceptable. Your completed application should be submitted to the Department of Personnel at the address (or fax number) listed on Page 1 of the application form. After submitting your application to the Department of Personnel, you may be required to complete additional forms. If so, these forms will be mailed to you. Please include your social security number on all correspondence.

If you have any questions regarding the application process, please call 615-741-4841 between the hours of 8:00 a.m. and 4:30 p.m. CST or e-mail your questions to applicant.services@mail.state.tn.us.

BE SURE TO KEEP A COPY OF YOUR APPLICATION FOR YOUR FILES.

AFTER YOUR APPLICATION IS SUBMITTED

For each job classification you apply for, your application is evaluated to determine whether or not you meet the education, experience, and/or other special requirements for the job. If a job classification requires a written or computer-administered test, you will be sent testing instructions in the mail. When a job classification does not require a test, the information on your application will be used for evaluating and rating your training and experience. This may include your education, experience, and any licenses or certificates that you possess. All evaluation/examination results will be mailed to you. Applicants attaining a passing score on either a rating of their education and experience or on a written or computer-administered test will be added to the list of eligibles for the job classification for which a passing score was obtained. Scores received on a rating of education and experience are normally valid for a period of two years. Scores received on a written or computer-administered test are valid until such time as the test is revised and the register is abolished.

TESTING

Tennessee Career Service employment tests are administered on a daily basis (Mon.-Fri., except State holidays) at the Department of Personnel in Nashville. Most tests are administered on computer. No appointment is needed for the testing location in Nashville. Applicants may be admitted for testing any time between the hours of 8:30 a.m. and 1:00 p.m. CST. Applicants wishing to test in a location other than Nashville must be scheduled for a specific testing session based on the testing location preference selected by the applicant on the application form. The testing admission letters sent to these applicants will provide the specific testing location and will either specify a date and time for testing or provide a telephone number to call to make an appointment for testing.

It is the Department of Personnel's policy to provide reasonable accommodations in testing conditions to qualified individuals with disabilities as defined by the Americans with Disabilities Act. If you wish to request an accommodation, please call 615-741-0441 or Tennessee Relay Service 711.

HIRING

As Career Service job vacancies occur, agencies request certified lists of eligible applicants to fill the vacant positions. If your score is high enough for a particular job classification, your name may be certified to the agency as an eligible applicant. You will be mailed a notice of the job opening and asked to contact the agency within seven days of the date on your notice to schedule an interview. An agency is required to make an employment decision from the top five interested and available applicants when hiring from an open list of eligible applicants and from the top three applicants when hiring from a promotional list of eligible applicants.

LATERAL TRANSFERS

If you are a current Career Service employee and would like to transfer to another position within your current classification, you may request that your name be placed on the lateral transfer list. This request can be made by telephone. No application is required. Just call the Applicant Services Division at 615-741-4841. The lateral transfer list will be provided to hiring agencies, upon request, as vacancies occur.

-GENERAL INFORMATION-

BE SURE TO KEEP A COPY OF YOUR APPLICATION FOR YOUR FILES. DO NOT INCLUDE PAGE 2 WHEN YOU ARE ASKED TO PROVIDE A COPY OF YOUR APPLICATION FOR AN EMPLOYMENT INTERVIEW.

Instructions - Side B

ATTENTION APPLICANTS: DO NOT INCLUDE THIS PAGE WHEN PROVIDING A COPY OF YOUR APPLICATION FOR AN EMPLOYMENT INTERVIEW
ATTENTION APPOINTING AUTHORITIES: DO NOT INCLUDE THIS PAGE IF YOU KEEP A COPY OF THIS APPLICATION FOR YOUR FILE S***

—Do not write in shaded area - office use only—

TESTING: If you are willing to take any necessary examinations, please indicate your testing location preference from the choices below.

MARK ONE ☐ 06 Cleveland ☐ 28 Pulaski ☐ 57 Jackson ☐ 79 Memphis
 ☐ 19 Nashville ☐ 47 Knoxville ☐ 67 Livingston ☐ 82 Kingsport

If you would like information on testing accommodations for persons with disabilities, please call (615) 741-0441 or TDD (615) 741-6276. See information under the heading "Testing Information" on Side A of Information and Instructions for further information about the employment testing process.

VETERANS INFORMATION: Tennessee veterans preference points are only added to passing examination scores on Career Service appointment registers. To receive veterans preference points, you must be a present or former member of the United States Armed Forces, have served on active duty during the service eligibility periods listed below (unless otherwise noted), have received an honorable discharge, and be a legal resident of the State of Tennessee (i.e., have resided in the State of Tennessee for the past two-year period or possess a Tennessee voter registration card). Veterans meeting these conditions will have **five (5) points** added to their passing examination scores. For veterans with a ten percent (10%) or greater service-connected disability, **ten (10) points** will be added to their passing examination scores. **Ten (10) points** will be added to the passing examination scores of the spouse or unremarried spouse of a one hundred percent (100%) service-connected disabled veteran or the unremarried spouse of a veteran killed on active duty during the eligibility periods listed below. **Five (5) points** will be added to the passing examination scores of the spouse or unremarried spouse of a one hundred percent (100%) service-connected disabled veteran or unremarried spouse of a veteran killed on active duty during any other time period.

Service Eligibility Dates: W.W.II (12-7-41 to 12-31-46); Korean Campaign (6-27-50 to 1-31-55); Vietnam Conflict (2-28-61 to 5-7-75); Lebanon, Grenada or Panama Expeditions (ONLY IF AWARDED THE ARMED FORCES EXPEDITIONARY MEDAL); and Operation Desert Shield/Storm (8-2-90 to end date not yet established).

TO CLAIM VETERANS PREFERENCE, CHECK THE APPROPRIATE BOX BELOW AND SUBMIT PROOF AS INDICATED IN THE TABLE.

☐ Proof will be submitted under separate cover ☐ Proof is Attached ☐ Proof has previously been submitted to Applicant Services

Date of Entry in Military Service

Month Day Year

Date of Separation from Active Service

Month Day Year

Rank at Time of Discharge

Branch of Service

VETERAN STATUS:

Veteran

10% Disabled Veteran

Spouse-100% Disabled Veteran

Spouse-Veteran killed on active duty

REQUIRED DOCUMENTS:

submit document 1 only

submit documents 1 and 2

submit documents 1 and 3

submit documents 1 and 4

DOCUMENT TYPES:

1. Discharge (DD Form 214) showing entry and honorable discharge date from active military service.

2. *Statement from Veterans Administration showing veteran's 10% service-connected disability.

3. *Statement from Veterans Administration showing veteran's 100% service-connected disability.

4. Statement from Veterans Administration showing veteran was killed while on active duty.

*Statement must have been issued from Veterans Administration within last six months.

SPECIAL QUALIFICATION INFORMATION: Employment consideration for some jobs (e.g., Correctional Officer, Trooper, other jobs in law enforcement) is limited to U.S. citizens and/or to individuals who meet minimum age requirements. If you are applying for a job for which U.S. citizenship or minimum age requirements are applicable, please provide the information in this block. (Note: To obtain information about special qualifications requirements for a particular job, please visit the Department of Personnel's Job Search website at www.ja.state.tn.us/personnel/JobSearch/JobSearch.jsp.)

To be considered for jobs requiring U.S. citizenship, please answer: Are you a U.S. citizen? YES ☐ NO ☐

To be considered for jobs requiring a minimum age of 18, please answer: Are you at least 18 years of age? YES ☐ NO ☐

To be considered for jobs requiring a minimum age of 21, please answer: Are you at least 21 years of age? YES ☐ NO ☐

OPTIONAL INFORMATION

DEMOGRAPHIC INFORMATION: The following information is for Equal Employment Opportunity/Affirmative Action purposes only. To assist the State of Tennessee in its commitment to equal employment opportunity, applicants are asked to provide voluntarily the following information. The State of Tennessee is authorized under federal law to retain this information for research and statistical reasons. This information will not be used in an employment decision and refusal to provide this information will not affect an applicant's employment opportunities. Information requested is to be completed on a voluntary basis. Data will be held confidential and only used in accordance with applicable federal law.

RACE A. ☐ White B. ☐ Black C. ☐ Hispanic D. ☐ Asian or Pacific Islander

E. ☐ Native American Indian F. ☐ Alaskan Native G. ☐ Other

SEX A. ☐ Male B. ☐ Female

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ATTENTION APPOINTING AUTHORITIES: DO NOT INCLUDE THIS PAGE IF YOU KEEP A COPY OF THIS APPLICATION FOR YOUR FILES*

EXPERIENCE BACKGROUND

Important - Please Read

Instructions: You should provide your complete work history in the experience background section on the following pages unless you have submitted a full and complete application since March, 1999. This applies to all applicants, including current State employees. In providing your complete work history information, you may use copies of pages from previous applications to construct one complete and up-to-date application. If you have submitted a full application since March, 1999, you may omit your prior work experience, except for the experience you have gained since the time of your last application. Even if you have continued in the same job, that job should be listed in job block A to show that you've continued working in the same position.

To complete your work history, use the job blocks provided below and on the following pages, beginning with your present or most recent job in job block A. If necessary, you may attach additional sheets to provide your complete work history in the format shown below. It is important that you accurately describe the major responsibilities associated with each job you have held, along with all other requested information for each job. Incomplete information may lower your application rating. If you moved to a different position within the same organization and your major duties changed, you must list each position as a separate job. For military experience, it is important that you include the dates and pay grade for each position held. Unpaid, volunteer or part-time work experience may also be included with your work experience history. You may submit an employment resume to supplement your application; however, you must describe your major job responsibilities in the format below to ensure accurate scoring of your application.

If you have not reviewed the information above, please do so now to be sure you complete this section correctly.

JOB A

EMPLOYED FROM TO
MO. YR. MO. YR.

TITLE OR RANK OF POSITION : _____

REASON FOR LEAVING : _____

AVERAGE # OF HRS. WORKED PER WEEK: _____ STARTING ANNUAL SALARY : _____ LAST ANNUAL SALARY : \$ _____

EMPLOYER NAME : _____ TYPE OF BUSINESS : _____ TELEPHONE: _____

EMPLOYER ADDRESS : _____
STREET CITY STATE ZIP CODE

AVERAGE # OF EMPLOYEES YOU SUPERVISED : _____ NAME OF YOUR IMMEDIATE SUPERVISOR : _____

Describe your major duties /responsibilities and show approximate percent of time spent on each. Do not exceed a total of 100%.

% TIME

DUTIES/RESPONSIBILITIES

100 %

JOB B

EMPLOYED FROM TO
MO. YR. MO. YR.

TITLE OR RANK OF POSITION : _____

REASON FOR LEAVING : _____

AVERAGE # OF HRS. WORKED PER WEEK: _____ STARTING ANNUAL SALARY : _____ LAST ANNUAL SALARY : \$ _____

EMPLOYER NAME : _____ TYPE OF BUSINESS : _____ TELEPHONE: _____

EMPLOYER ADDRESS : _____
STREET CITY STATE ZIP CODE

AVERAGE # OF EMPLOYEES YOU SUPERVISED : _____ NAME OF YOUR IMMEDIATE SUPERVISOR : _____

Describe your major duties /responsibilities and show approximate percent of time spent on each. Do not exceed a total of 100%.

% TIME

DUTIES/RESPONSIBILITIES

100 %

USING THE FORMAT ABOVE, ATTACH ADDITIONAL SHEETS IF NECESSARY TO COMPLETE YOUR EMPLOYMENT HISTORY.

[illegible][illegible][illegible]

USING THE FORMAT ABOVE, ATTACH ADDITIONAL SHEETS IF NECESSARY TO COMPLETE YOUR EMPLOYMENT HISTORY.

JOB F		TITLE OR RANK OF POSITION : _____	
EMPLOYED FROM	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	TO	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>
	MO. YR.		MO. YR.
AVERAGE # OF HRS. WORKED PER WEEK: _____		STARTING ANNUAL SALARY : _____	
EMPLOYER NAME : _____		LAST ANNUAL SALARY : \$ _____	
EMPLOYER ADDRESS : _____		REASON FOR LEAVING : _____	
TYPE OF BUSINESS : _____		TELEPHONE: _____	
STREET		CITY	
STATE		ZIP CODE	
AVERAGE # OF EMPLOYEES YOU SUPERVISED : _____		NAME OF YOUR IMMEDIATE SUPERVISOR : _____	

[illegible]

JOB G		TITLE OR RANK OF POSITION : _____	
EMPLOYED FROM	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;"> </div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;"> </div>	TO	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;"> </div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;"> </div>
	MO. YR.		MO. YR.
REASON FOR LEAVING : _____			
AVERAGE # OF HRS. WORKED PER WEEK: _____		STARTING ANNUAL SALARY : _____	LAST ANNUAL SALARY : \$ _____
EMPLOYER NAME : _____		TYPE OF BUSINESS : _____	TELEPHONE: _____
EMPLOYER ADDRESS : _____			
STREET		CITY	STATE
ZIP CODE			
AVERAGE # OF EMPLOYEES YOU SUPERVISED : _____		NAME OF YOUR IMMEDIATE SUPERVISOR : _____	

[illegible]

JOB H		TITLE OR RANK OF POSITION : _____	
EMPLOYED FROM	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin: 2px;"></div>	TO	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin: 2px;"></div>
MO.	YR.	MO.	YR.
AVERAGE # OF HRS. WORKED PER WEEK: _____		REASON FOR LEAVING : _____	
STARTING ANNUAL SALARY : _____		LAST ANNUAL SALARY : \$ _____	
EMPLOYER NAME : _____		TYPE OF BUSINESS : _____	
TELEPHONE: _____		EMPLOYER ADDRESS : _____	
STREET		CITY	
STATE		ZIP CODE	
AVERAGE # OF EMPLOYEES YOU SUPERVISED : _____		NAME OF YOUR IMMEDIATE SUPERVISOR : _____	

[illegible]

USING THE FORMAT ABOVE, ATTACH ADDITIONAL SHEETS IF NECESSARY TO COMPLETE YOUR EMPLOYMENT HISTORY.



Security Clearance Application Level II

**Investigation conducted by the
Tennessee Bureau Of Investigation
For the**

Tennessee Department of Safety

**For use with the hiring and promotions of Troopers, Sergeants, Lieutenants,
Captains, CID Commissioned Personnel, Communication Dispatchers and Driver
License Personnel**

Instructions

A Security Clearance Investigation is an essential element in determining a person's qualifications for employment with the Tennessee Department of Safety. The information requested in this application is a vital part of that process.

As the applicant, it is your responsibility to insure that all necessary information is provided in order for this investigation to be conducted in a reasonable amount of time and with the least amount of difficulty possible. Therefore, make sure that all sections are completed prior to turning this application into the interviewer. Each question **must** be answered. If there are questions that are not applicable to you, please indicate this fact by the notation "N/A" in the appropriate space.

Should you need additional space to provide the requested information, attach sheets of the same size as this application and specify continuation of a particular block of information.

The application should be typed or completed in black ink and must be clear and legible.

You are reminded that providing false information or failing to provide information could result in failing to be hired by the Tennessee Department of Safety, or your dismissal should you be hired and the Background Investigation reveals the falsification.

COMMON AREAS OF OMISSION: We find that some applicants exclude middle names of relatives, personal references, and acquaintances. If a person does not have a middle name, indicate (NMN), meaning "No Middle Name". If you are unable to furnish complete information concerning your relatives or acquaintances, give sufficient explanation. Nicknames should not be used.

If you have ever served in the Armed Forces, indicate in Part II by each address if you lived on or off base, including overseas tours. If you have a relative currently in the military, indicate complete address, including Military Serial Number, branch of service and whether or not his/her residence is on or off base.

SECTION 1: PERSONAL HISTORY

Last Name		First Name		Middle Name	
List below all other names you have used, including nicknames; If female, furnish maiden name. If you have ever used any surnames other than your true name, during what period and what circumstances were these names used? If you have ever legally changed your name, give date, place and court.					
Birth Date:				City & State of Birth:	
Age:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number:	
DL Number:			State:		
Ethnicity:	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian		
	<input type="checkbox"/> Black	<input type="checkbox"/> Asian	<input type="checkbox"/> Other		
# of Children:	(Include biological, step and adopted children)				
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced
Are you a U.S. Citizen?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to reside anywhere in Tennessee? (Commissioned positions only)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
You understand that you are not eligible to request transfer, except in extreme hardship cases for one year?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION 2: RESIDENCES

Home Street Address			
City:		State:	Zip:
Home Phone (including area code):			
Work Phone (including area code):			
In the event this information becomes invalid, indicate the name and phone number of a relative through whom you may be reached or who could furnish your current address and phone number.			
Name:			
Relationship:			
Phone # (including area code):			

ACTUAL PLACES OF RESIDENCE FOR PAST 5 YEARS

Any applicant who has been out of high school for more than 5 years must list all residences since high school. Include address while at school and in military, as well as family-owned vacation homes. For college on-campus residences, give dorm name, city, and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city, state, and country. If post office box, give location of post office.

From (Month/Year)	To (Month/Year)	Apt. #	Street Address	City	State

SECTION 3: EDUCATIONAL BACKGROUND

High School (attach copy of diploma/GED)

Name of High School/Issuer of GED:					
Address: (City & State)					
Telephone Number (including area code):					
Graduated:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: (Month & Year)		
GED:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: (Month & Year)	Location:	

College/University (attach transcript)						
Name of College	City	State	Major	Yrs Attended		Graduated (Y/N)
				TO	From	

Technical Schools						
Name of School	City	State	Study/ Speciality	Yrs Attended		Graduated (Y/N)
				TO	From	

SECTION 4: EMPLOYMENT HISTORY

NOTE: LIST MOST RECENT EMPLOYMENT FIRST. Include chronological history of employment starting with current or most recent position. Account for all periods, including casual employment and all periods of unemployment. Be sure to include military experience, if applicable. If additional space is needed, attach additional sheets using same format. Be sure to provide all of the required information.

Job A

Name of Business:						
Address:						
City:		State:				
Telephone Number (including area code):						
Type of Business						
Period of Employment (Month/Year):	From:		To:			
Position Held:						
Supervisor:						
Reason for leaving this employment:						
While employed, did you face any type of disciplinary action, i.e. suspension, reprimands, etc.						<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to the above question concerning disciplinary action during previous employment, below provide a detailed description of the events.						

Job B

Name of Business:						
Address:						
City:		State:				
Telephone Number (including area code):						
Type of Business						
Period of Employment (Month/Year):	From:		To:			
Position Held:						
Supervisor:						
Reason for leaving this employment:						
While employed, did you face any type of disciplinary action, i.e. suspension, reprimands, etc.						<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to the above question concerning disciplinary action during previous employment, below provide a detailed description of the events.						

Job C

Name of Business:			
Address:			
City:		State:	
Telephone Number (including area code):			
Type of Business			
Period of Employment (Month/Year):	From:	To:	
Position Held:			
Supervisor:			
Reason for leaving this employment:			
While employed, did you face any type of disciplinary action, i.e. suspension, reprimands, etc.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes to the above question concerning disciplinary action during previous employment, below provide a detailed description of the events.			

Job D

Name of Business:			
Address:			
City:		State:	
Telephone Number (including area code):			
Type of Business			
Period of Employment (Month/Year):	From:	To:	
Position Held:			
Supervisor:			
Reason for leaving this employment:			
While employed, did you face any type of disciplinary action, i.e. suspension, reprimands, etc.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes to the above question concerning disciplinary action during previous employment, below provide a detailed description of the events.			

Job E

Name of Business:			
Address:			
City:		State:	
Telephone Number (including area code):			
Type of Business			
Period of Employment (Month/Year):	From:	To:	
Position Held:			
Supervisor:			
Reason for leaving this employment:			
While employed, did you face any type of disciplinary action, i.e. suspension, reprimands, etc.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes to the above question concerning disciplinary action during previous employment, below provide a detailed description of the events.			

Job F				
Name of Business:				
Address:				
City:		State:		
Telephone Number (including area code):				
Type of Business				
Period of Employment (Month/Year):		From:		To:
Position Held:				
Supervisor:				
Reason for leaving this employment:				
While employed, did you face any type of disciplinary action, i.e. suspension, reprimands, etc.				<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to the above question concerning disciplinary action during previous employment, below provide a detailed description of the events.				

SECTION 5: MILITARY SERVICE

Are you registered for Selective Service?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, list location (city and state)			
Have you served in any branch of the U.S. Armed Services		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Below Indicate the Branch of Service			
<input type="checkbox"/> Army	<input type="checkbox"/> Air Force	<input type="checkbox"/> Marines	<input type="checkbox"/> Navy
<input type="checkbox"/> Coast Guard	<input type="checkbox"/> National Guard	<input type="checkbox"/> Army Reserve	
Dates of Service			
From (Month/Year):		To (Month/Year):	
Date of Discharge:			
Type of Discharge:			
Last Duty Station:			
Were you ever disciplined while in military service? (Includes Court-Marshall, Captains Mast, etc)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes to the above question concerning being disciplined while in the military, below provide a detailed account of the incident. Be sure to include dates, locations, and circumstances.			

SECTION 6: ORGANIZATION MEMBERSHIP

Are you now, or have you ever been a member of any club, society or organization?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please list below: Do Not Abbreviate.				
Name of Organization	City	State	Former / Present	If Present, list position & Extent of Activity
			<input type="checkbox"/> Former <input type="checkbox"/> Present	
			<input type="checkbox"/> Former <input type="checkbox"/> Present	
			<input type="checkbox"/> Former <input type="checkbox"/> Present	
			<input type="checkbox"/> Former <input type="checkbox"/> Present	

SECTION 7: SPECIAL QUALIFICATIONS AND SKILLS

Do you have foreign language ability?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, indicate your proficiency in each phase of each foreign language.				
Name of Language	Speak	Understand	Read	Write
	<input type="checkbox"/> Slight	<input type="checkbox"/> Slight	<input type="checkbox"/> Slight	<input type="checkbox"/> Slight
	<input type="checkbox"/> Good	<input type="checkbox"/> Good	<input type="checkbox"/> Good	<input type="checkbox"/> Good
	<input type="checkbox"/> Fluent	<input type="checkbox"/> Fluent	<input type="checkbox"/> Fluent	<input type="checkbox"/> Fluent

SECTION 8: COURT RECORD

Have you ever been arrested? ☐ Yes ☐ No

If yes, was the charge ☐ Felony ☐ Misdemeanor

If you answered yes to the previous question concerning being arrested, below provide a detailed account of the circumstances. Be sure to include dates, locations, and types of charges.

Have you ever been incarcerated, in jail, prison, correctional training school, or military stockade? ☐ Yes ☐ No

If you answered Yes to the previous question concerning incarceration, below give a detailed account of the situation. Be sure to include dates, locations, and circumstances.

Are you now, or have you ever been involved as a plaintiff, defendant, or petitioner, or respondent in any civil action? ☐ Yes ☐ No

If you answered Yes to the previous question concerning involvement in a civil action, below give an account of the circumstances, be sure to include the date, county, court and type of action.

Are you currently on any form of Probation from any jurisdiction, i.e. Federal, State, Local? ☐ Yes ☐ No

If you answered yes to the previous question concerning probation, below provide a detailed account of the circumstances; be sure to include dates and locations.

Have you ever been issued a citation for a misdemeanor charge, other than a traffic violation? ☐ Yes ☐ No

If you answered Yes to the previous question concerning being issued a citation, below provide a detailed account of the circumstances. Be sure to include dates, locations, and type of charges.

Have you ever had an order of protection against you? ☐ Yes ☐ No

If you answered Yes to the previous question concerning having an order of protection against you, below provide a detailed account of the circumstances; be sure to include dates and locations.

To your knowledge, has any member of your immediate family ever been convicted of a crime for other than a minor traffic violation? ☐ Yes ☐ No

If you answered Yes to the previous question concerning a member of your immediate family being convicted, below provide a detailed account of the circumstances. Be sure to include relatives' names, relationships, dates, locations, and type of charges.

SECTION 9: REFERENCES & SOCIAL ACQUAINTANCES

Give four (4) references (NOT relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women including your physician, if you have one, who have known you well for at least five (5) years, preferably those who have known you for the past five (5) years. If retired, give former occupation.

Full Name:

Address:

City:

State:

Zip:

Home Phone (including area code):

Business Phone (including area code):

Other Contact Number, i.e. cellular phone, pager (including area code):

What is the best time to contact this person?		<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night
How long have you known this person?				
What is your relationship with this person?				
Full Name:				
Address:				
City:		State:		Zip:
Home Phone (including area code):				
Business Phone (including area code):				
Other Contact Number, i.e. cellular phone, pager (including area code):				
What is the best time to contact this person?		<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night
How long have you known this person?				
What is your relationship with this person?				
Full Name:				
Address:				
City:		State:		Zip:
Home Phone (including area code):				
Business Phone (including area code):				
Other Contact Number, i.e. cellular phone, pager (including area code):				
What is the best time to contact this person?		<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night
How long have you known this person?				
What is your relationship with this person?				
Full Name:				
Address:				
City:		State:		Zip:
Home Phone (including area code):				
Business Phone (including area code):				
Other Contact Number, i.e. cellular phone, pager (including area code):				
What is the best time to contact this person?		<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night
How long have you known this person?				
What is your relationship with this person?				
SECTION 10: RELATIVES				
<p>All applicants must give complete information concerning their relatives. If you have been married more than once, give the requested information about each former spouse. Furnish similar information, including date and place of action, for any members of your immediate family who have been divorced. Even though the relative is deceased, give all the information requested, and indicate last residence and year of death. Include stepbrothers and sisters, half brothers and sisters. If you or your spouse have stepparents, legal guardians, or others who have reared you instead of your parents, the requested information should be furnished concerning them, as well as your real parents. If you are engaged to be married or contemplating marriage in the near future, complete information must be included under Section 3 and 17 through 22 regarding your future spouse and future in-laws, and clearly show that such relationship is a future one.</p>				
1. Father				
Full Name:				
Address:				
City:		State:		Zip:
Home Phone (including area code):				
Other Contact Number, i.e. cellular phone, pager (including area code):				
SSN:		Date of Birth:		Place of Birth:
Name of Employer:		City/State:		
Business Phone (including area code):				
2. Mother				
Full Name:				
Address:				
City:		State:		Zip:
Home Phone (including area code):				
Other Contact Number, i.e. cellular phone, pager (including area code):				
SSN:		Date of Birth:		Place of Birth:

Name of Employer:		City/State:	
Business Phone (including area code):			
3. Spouse			
Full Name:			
Address:			
City:	State:	Zip:	
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
SSN:	Date of Birth:	Place of Birth:	
Name of Employer:		City/State:	
Business Phone (including area code):			
4. Former Spouse			
Full Name:			
Address:			
City:	State:	Zip:	
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
SSN:	Date of Birth:	Place of Birth:	
Name of Employer:		City/State:	
Business Phone (including area code):			
5. Child			
Full Name:			
Address:			
City:	State:	Zip:	
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
SSN:	Date of Birth:	Place of Birth:	
Name of Employer:		City/State:	
Business Phone (including area code):			
6. Child			
Full Name:			
Address:			
City:	State:	Zip:	
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
SSN:	Date of Birth:	Place of Birth:	
Name of Employer:		City/State:	
Business Phone (including area code):			
7. Brother (Including Step or Half-Brother)			
Full Name:			
Address:			
City:	State:	Zip:	
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
SSN:	Date of Birth:	Place of Birth:	
Name of Employer:		City/State:	
Business Phone (including area code):			
8. Brother (Including Step or Half-Brother)			
Full Name:			
Address:			
City:	State:	Zip:	
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
SSN:	Date of Birth:	Place of Birth:	
Name of Employer:		City/State:	
Business Phone (including area code):			
9. Sister (Including Step or Half-Sister)			
Full Name:			

Address:			
City:		State:	
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
SSN:		Date of Birth:	
Name of Employer:		Place of Birth:	
Business Phone (including area code):		City/State:	
10. Sister (Including Step or Half-Sister)			
Full Name:			
Address:			
City:		State:	
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
SSN:		Date of Birth:	
Name of Employer:		Place of Birth:	
Business Phone (including area code):		City/State:	
11. Step-Father			
Full Name:			
Address:			
City:		State:	
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
SSN:		Date of Birth:	
Name of Employer:		Place of Birth:	
Business Phone (including area code):		City/State:	
12. Step-Mother			
Full Name:			
Address:			
City:		State:	
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
SSN:		Date of Birth:	
Name of Employer:		Place of Birth:	
Business Phone (including area code):		City/State:	
13. Other Individuals With Whom You Have Resided Over A Period Of 30 Days Or More. Indicate Relationship and Include College Roommates.			
Full Name:			
Address:			
City:		State:	
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
SSN:		Date of Birth:	
Name of Employer:		Place of Birth:	
Business Phone (including area code):		City/State:	
14. Other Individuals With Whom You Have Resided Over A Period Of 30 Days Or More. Indicate Relationship and Include College Roommates.			
Full Name:			
Address:			
City:		State:	
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
SSN:		Date of Birth:	
Name of Employer:		Place of Birth:	
Business Phone (including area code):		City/State:	

SECTION 11: PERSONAL DECLARATIONS

Do you consume intoxicating liquors? ☐ Yes ☐ No

If you answered Yes to the previous question, please complete the following questions

Please indicate the type of intoxicating liquors you consume. You may indicate more than one type.

☐ Beer ☐ Wine ☐ Liquor ☐ Other

Please indicate the frequency you consume these intoxicating liquors.

☐ Daily ☐ Weekly ☐ Monthly ☐ Special Occasions

Have you ever used narcotics, drugs, or marijuana in an illegal or recreational manner? ☐ Yes ☐ No

If Yes, list below what type you used:

☐ Marijuana ☐ Controlled Substance ☐ Narcotics

If you answered YES to the previous question concerning the use of drugs, in the space provided below, provide a detailed description of the drugs, the circumstances, surrounding the use, and the time period they were used. If you answered NO enter Not Applicable (N/A) below.

Have you ever declared, or are you about to declare bankruptcy? ☐ Yes ☐ No

If you answered Yes to the previous question, please provide date, location, and circumstances.

List the names of Federal, state or local departments, agencies or offices (including law enforcement) to which you have applied for employment, including date and status of application.

Are you now or have you ever been delinquent in payment of alimony or child support ☐ Yes ☐ No

If yes, please provide date, location, and circumstances.

If to your knowledge any of the above have conducted an investigation of you, indicate the name of the agency and the approximate date of the investigation.

What are your feelings about the use of deadly force if it became necessary in the performance of your official duties?

An investigation will be conducted of all information listed on this application. Because of this, are you aware of any information about yourself or any person which you are or have been closely associated (including relatives and roommates) which might tend to reflect unfavorably on your reputation, morals, character, ability or loyalty to the United States?

If Yes, please attach a separate piece of paper, giving your version of this/these incidents.

VERIFICATION

I hereby swear or affirm that all of the information provided by me in this questionnaire is true and correct to the best of my knowledge.

I further understand that providing false information or failing to provide information can result my immediate disqualification for employment or dismissal in the event I am hired prior to the Background Investigation being conducted.

(Signature)

(Date)

(Witness)

(Date)



STATE OF TENNESSEE
DEPARTMENT OF SAFETY

Credit Report Disclosure

Notice of Rights Under The Fair Credit Reporting Act

15 United States Code Section 1681b(B)(2) states as follows:

(2) Disclosure to consumer – A person may not procure a consumer report, or cause a consumer report to be procured, for employment purposes with respect to any consumer, unless –

(A) a clear and conspicuous disclosure has been made in writing to the consumer at any time before the report is procured or caused to be procured, in a document that consists solely of the disclosure, that a consumer report may be obtained for employment purposes; and

(B) the consumer has authorized in writing the procurement of the report by that person.

15 United States Code Section 1681b(b)(3) states as follows:

(3) Conditions on use for adverse actions – In using a consumer report for employment purposes, before taking any adverse action based in whole or in part on the report, the person intending to take such adverse action shall provide to the consumer to whom the report relates –

(A) a copy of the report; and

(B) a description in writing of the rights of the consumer under this subchapter, as prescribed by the Federal Trade Commission under section 1681g(c)(3) of this title.

Authorization for TDOS To Obtain Consumer Credit Report

The Tennessee Department of Safety (TDOS) may seek to obtain your consumer credit report as part of a background investigation and/or during the employment process. Pursuant to the above statute, be advised that you are entitled to notice (via this document) before the TDOS may obtain your consumer credit report. In addition, you must voluntarily complete this form authorizing the TDOS to obtain a copy of your consumer credit report before the TDOS of Safety can obtain a copy of that report.

If adverse action is taken in whole or in part as a result of review of the report, you will be provided with a copy of that report and a description in writing of your rights under the above statute.

I have read and understand the statement of my rights under the Fair Credit Reporting Act above. I hereby authorize the Tennessee Department of Safety to obtain a copy of my consumer credit report to be considered in connection with a background investigation that is being conducted for employment purposes. This authorization is given freely and voluntarily.

Print Full Name of Applicant
(Include maiden name, if applicable)

Social Security Number

Applicant Signature

Date

Witness Signature

Date



STATE OF TENNESSEE
DEPARTMENT OF SAFETY

Authorization For Release Of Information

I, _____, do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized Agent of the Tennessee Department of Safety, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institution; financial or credit institutions, including records of loans, records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment; employment or pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and records or lawsuits, criminal or civil, in which I presently have, or have had, an interest.

I also certify that any persons who may furnish such information concerning me shall not be held responsible for giving this information; and I do hereby release said persons from any and all liability which may be incurred as a result of furnishing such information. I further release the Tennessee Department of Safety and the State of Tennessee from any and all liability which may be incurred as a result of collecting such information.

I have read and fully understand the contents of this Authorization For Release Of Information.

Print Full Name of Applicant
(Include maiden name, if applicable)

Street Address

Social Security Number

City State Zip

Date of Birth

Phone Number (including area code)

Applicant Signature

Date

Witness Signature

Date



STATE OF TENNESSEE
DEPARTMENT OF SAFETY
Human Resource Division
1150 Foster Avenue, Warf Building
Nashville TN 37249-1000
Telephone (615) 251-5200 • Fax (615) 253-2095

Relationship Declaration

I hereby declare the following relationships (either by blood or marriage) within the Tennessee Department of Safety. I understand that it is my responsibility to update this form with the hiring or separation of family members within the Department.

List all relatives who work for the Department of Safety:

Last Name	First Name	Title	Relationship	Division/Location

☐ I do not currently have any relatives working with the Tennessee Department of Safety.

Employee Name Printed

Social Security Number

Title

Division

Signature

Date



STATE OF TENNESSEE
DEPARTMENT OF SAFETY

VERIFICATION OF EDUCATION

Applicant Name: _____ Date: _____

This is a procedure whereby information concerning education on a person's job application is routinely verified prior to employment.

When a register is received from the Department of Personnel and during the time that the register is being worked the interviewer should verify the pertinent information on the applications of those persons who are being seriously considered for appointment.

Documentation to be included with the worked register (check all that apply):

- ☐ Application
- ☐ High School Diploma or GED Certificate
- ☐ College Degree
- ☐ Degree from Vocational Schools
- ☐ Transcript of completed creditable hours if degree not received
- ☐ Certified Professional Secretary Certificate
- ☐ Professional License (attorney, pilot, CPA, etc.)
- ☐ Training Certificates
- ☐ Certifications

This applicant was advised on this date that falsification of an employment application would result in automatic termination. Special attention was called to the section on education.

Applicant's Signature: _____

Interviewers Signature: _____

